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DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBHIT THE BALANCE DUE. Extension of this 30 day period under CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Reco: (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

Print Name:	· · · · · · · · · · · · · · · · · · ·	Signature:		
Commissioner of Passets and Tradomerts, We	غنيرت , D.C. 2021, ه بلط		٠	•
I borsby earlify that this social and the response			clust count in an convolupe address	upil to:
	CONTIFICATE	or Halling		
Pee submitted \$		Signature		
APPLICANT: PLEASE CO	OMPLETE THIS PORTIC	H AND RETURN T	HIS NOTICE WI	CANYAS ET
				
ATTACOGENT: PORM PRO-ERS			Clark of Gro	:b ,
BALANCE	DUX	= \$		
Less Fee	s Submitted	- \$(
Total Fe	es Due	- \$		•
B. Fees due in	connection with th	_		
BALANCE	DUE	= \$ 9	w.	•1
Less Fil	ing Fees Submitted	- \$1486	i. W)	
Total Fi	ling Fees Due	= \$ <u>\$411</u>	·W	
A. Filing Tees	due upon filling th	e application		

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number しつりらしい 6668/760 00//CIT 33秒

CLAIMS AS FILED - PART (Column 1)		l (Colur	nn 2)	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY				
TC	TAL CLAIMS		20				I	RATE	FEE		RATE	FEE
FOR		NUMBER F	BER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		us 20=	* 6	y		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 4 minus 3			nus 3 =	* 5	/		X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter			r "0" in c	olumn 2	١	TOTAL	370	OR	TOTAL			
CLAIMS AS AMENDED - PAR' (Column 1) (Colur				R T II mn 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMEI	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	_	ADDIT: 1 EE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL ALL	=	1	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DEF	PENDEN	II CLAIM		j	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL	
		(Column 1)		(Colu	umn 2)	(Column 3)	_	ADDII. 1 CC			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU: PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	UT CL AIA	=	-	X42=		OR	X84=	
-	FIRST PRESE	ENTATION OF M	IULTIPLE DE	PENDER	VI CLAIN	<u> </u>	J	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												